

Letter to Editor

Quality of Life, an Overlooked Issue

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All normal people want to lead a healthy and happy life which may be equivalent to good "quality of life" (QOL). Physicians also want their patients to be healthy, but medical practice in nature, leads them to concentrate on certain aspects of health and sometimes forget the broader dimensions of life. Objective assessment of health is difficult and physicians are forced to employ rigid quantitative parameters because these are the ones they can most affect.

Measurement of QOL tends to be time-consuming and may seem unrelated to specific issues confronting the physician, such as a high intraocular pressure (IOP) or a retinal detachment that threatens the macula.¹ However the patient with a recalcitrant ocular condition such as glaucoma is not much interested in his IOP level or visual field or optic disk but is rather concerned with factors that directly impact his QOL, such as how well he sees and how comfortable he feels with his medical regimen.

Some physicians may be unaware of the remarkable advances made in the field of QOL assessment, patient preferences and activities of daily living. Strictly speaking, QOL is an individual subjective assessment. Two patients with similar loss of visual function due to the same ocular disease may rate the impact on their QOL very differently. Most QOL questionnaires frequently deal with issues that are at least somewhat objective and ask patients to self-evaluate their visual function, either directly or by their ability in performing vision-intensive tasks. In such questionnaires, responses to questions about visual performance are often compared with clinical measures of visual function (such as visual field and con-

trast sensitivity tests) to assess whether the patients' responses truly reflect the impact of the ocular disease. Although the resilience of individuals in coping with consequences of ocular disease varies, a study with adequate statistical power is able to validate the specificity of questions about visual performance and provide surprising insights concerning the impact of disease. Systematic attempts to assess the effects of ocular diseases on patient activities and QOL date back less than a decade. Generic health-related QOL instruments and vision-specific and disease-specific instruments have all been administered to patients with ocular disease in efforts to understand the impact of the disease on daily life.¹

Every day thousands of ocular procedures are performed throughout the world and most of them are really fruitful for the patients, a great effort that deserves appreciation. However, certain interventions with guarded prognosis and doubtful outcomes may need more thoughtful decision making. In these situations, the critical question that may help the physician to decide appropriately is: "Does this intervention enhance my patient's quality of life or does it merely improve the anatomy or physiology of his eye?" Certain interventions may benefit neither the patient nor the eye. Interestingly, these invasive procedures are sometimes labeled "Safe and Effective" encouraging other colleagues to proceed with them.² Even if a procedure is safe and effective for the eye, the patient, as a complex of organs, may not benefit from it since his QOL has not improved. Consider a patient with visual acuity of 20/30 in one eye and a full-thickness grade IV macular

hole in the fellow eye with vision of counting fingers at one meter who has undergone an invasive procedure such as pars plana deep vitrectomy and internal limiting membrane removal and gained a vision of counting fingers at two meters with a sealed macular hole. One can claim that the procedure has been safe and effective, but does the patient feel this improvement in his daily life? In other words, has his QOL improved significantly enough to justify this intervention? Bear in mind the possibility of complications: a retinal detachment may develop secondary to an iatrogenic peripheral break and multiple additional procedures may be required. If lucky, the patient may gain his preoperative vision but he will be stressed by the events, spend a lot of money, lose a great number of working days and stop enjoying life. Even if the surgeon has obtained written informed consent from the patient notifying that the operation may result in guarded outcomes which exempt him from legal prob-

lems, there is one definite issue: the patient has not gained much benefit in this story.

The human being is a bio-psycho-social complex and any decision for interventions should be based on these three areas that together constitute patient's health. Enhancing QOL should be one of the most important issues for deciding to proceed with any ocular intervention. Improving the status of a single part of the eye, regardless of other segments, status of the fellow eye and other organs, surgical prognosis and psychosocial aspects of the patient may lead to possible benefits for the eye, but not the patient.

REFERENCES

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